REQUEST FOR TRANSCRIPT

As a current student or alumni applying to colleges, the Salem Academy Registrar's Office is here to assist you by **offering up to 6 free transcripts** (additional will be $5/each).

To request a transcript, please submit all necessary information by:

1. Filling out the information requested below **IN FULL.**
2. Mail, fax or drop off your request to: **Salem Academy High School– Attn: Registrar**
   942 Lancaster Drive NE, Salem OR 97301 or 503.375.3265 (fax)
3. Contact the Registrar at 503.378.1211 to verify receipt

STUDENT/ALUMNI CONTACT INFORMATION

Student/Alumni Name: _____
Last Name First Name

Maiden Name (if applicable):_____ Graduation Year: _____ Phone #: _____

Please send a copy of my transcript as noted below. Understand that the transcript will be available for pick-up or mailed out within 10 business days. If the college/business deadline will not allow time for normal Salem Academy processing plus delivery time (3-5 days depending on where it is being mailed), I will contact the school by phone to discuss options for rush processing.

Submitted by: _____ **Date:** _____
Student/Alumni signature

Fill out information **completely**

Type of Transcript:

____OFFICIAL (sealed and unable to view) ____NON-OFFICIAL

Deadline (if applicable):_____

NOTE: This should be the "Must Be Received By" date

Additional Info (if applicable):

_____

_____

_____

FOR OFFICE USE ONLY:
DATE SENT:_____
SENT BY: _____
Notes (i.e. fee/payment): _____
_____

DESTINATION: *Choose one option below

☐ **I will pick up in the HS office. Please call when ready.**

☐ **Please send to the location(s) below:**

College/Business Name: _____

Attn: _____
(i.e. Admissions, Department of Education, Scholarship Committee, etc.)

Address: _____

City:_____ State:_____ Zip:_____

College/Business Name: _____

Attn: _____
(i.e. Admissions, Department of Education, Scholarship Committee, etc.)

Address: _____

City:_____ State:_____ Zip:_____

***Please list additional locations on the back**